MONTGOMERY AREA MENTAL HEALTH AUTHORITY

STRATEGIC PLAN/310 Board Plan

Overview of Agency

The Montgomery Area Mental Health Authority, Inc. (MAMHA) is a public non-profit agency organized pursuant to Act 310 of the Alabama Legislature. MAMHA is designated Service Area M-14 in the State of Alabama Mental Health Area Plan. In recent statewide planning efforts, MAMHA has been assigned to Region 3. The Region also includes East Alabama Mental Health Center (Opelika) and East Central Mental Health Center (Troy).

MAMHA's service area comprises Autauga, Elmore, Lowndes and Montgomery counties. MAMHA traces its origin to 1968, when it opened its offices pursuant to Federal Mental Health Staffing and Operations Grants. Over the next thirty years, MAMHA has grown to be the primary provider of community-based mental health services in the M-14 service area. MAMHA is a public not for profit organization governed by a 24 member Board of Directors. Members of the Board are appointed by local governing entities in the M-14 service area. The Authority's administrative office is located at 111 Coliseum Boulevard, Montgomery, Alabama. In addition, MAMHA operates outpatient offices in all four counties as well residential facilities that are located throughout the M-14 service area.

Funding Sources

The Authority provides a variety of outpatient, residential, and outreach services to an active caseload of approximately 4,500 clients. Funding comes from a variety of sources. In the most recent fiscal year, approximately 57% of MAMHA's revenue was generated from programs and services supported by the Alabama Department of Mental Health (DMH); 21% of MAMHA's revenue was produced through client fees, including Medicaid; 6% of MAMHA's revenue was received from local governments; and about 6% of MAMHA's revenue was received through projects funded through the U.S. Housing and Urban Development supportive housing projects. The remaining 10% of MAMHA's revenue came from joint projects with other State agencies and miscellaneous sources. Primary funding sources for MAMHA include the following: the Alabama Department of Mental Health, Alabama Medicaid Agency, and Alabama Department of Human Resources.

Mission and Vision

The organization has a clearly defined mission adopted by the Board of Directors in 1994, and most recently revised in 2006. This mission statement, developed with the input of our consumers, family members, and staff, is as follows:

> **The mission of the Montgomery Area Mental Health Authority is to provide quality mental health services within our service area, to the extent that resources will allow,**

with the assurance that these services will be provided in a manner that respects individual dignity, promotes recovery, and enhances consumer, family, and provider partnership.

We have a strong sense of what we are trying to become. Our vision for our organization looks into the future and calls for the Montgomery Area Mental Health Authority to become a leader in the delivery of mental health services in our area. Our vision statement is as follows:

Montgomery Area Mental Health Authority seeks to be an innovative leader in the delivery of high-quality, cost-effective, consumer-focused treatment and rehabilitative services for those with serious mental illnesses or serious emotional disturbances.

In carrying out our mission and working toward our vision, we are guided by a strong sense of values. These values have evolved over the years developing through the Core Management Team, Performance Improvement Committee and input from all aspects of the organization-board, staff, consumers, families, and other stakeholders. Our values begin with the understanding that our business is to serve our consumers and family members, and that our primary responsibility is to persons with serious mental illness or serious emotional disturbance. At MAMHA, we recognize that a "customer" is anyone with whom we interact: the client, a family member, a co-worker, a community citizen or a representative of an organization funding our services. Every position at MAMHA has customers for the services it provides and each position exists solely for serving those customers.

The organization has the following Values, which guide our provision of services:

1. Our services will be consumer-focused and consumer-driven.

2. We believe that consumers can recover and our services will be recovery-oriented.

3. Serious mental illness (SMI) and serious emotional disturbance (SED) have biological, psychological, and social causes, and consequences.

4. Treatment and rehabilitation will be individualized, based on needs, and address the bio-Psychosocial nature of the disorders.

5. Continuity of care within a comprehensive continuum of services will promote the best outcome.

6. Involvement and participation of the family is vital.

7. We will treat our customers respectfully and respond quickly.

8.   We will respect and celebrate the diversity of the cultures with which we interact.

10.   We will assist our customers in achieving the best results at the lowest cost with the highest satisfaction.

These values, or guiding principles, are augmented by a Code of Conduct/Ethics on which all staff of the organization are trained. Additionally, all professional staff is expected to adhere to the Code of Ethics of their specific professional disciplines.

Scope of Services

The Montgomery Area Mental Health Authority provides a continuum of community mental health services. The Performance Improvement Plan extends to all services offered by the MAMHA. This includes all program service areas and functions, including subcontracted consumer services. A Description of Program Services is maintained by the Authority and updated to accommodate programmatic changes.

Organization

MAMHA is governed by a Board of Directors, to whom the Executive Director reports. The Board meets monthly and approves the Strategic Plan/310 Plan, goals and objectives, the annual budget, policies and procedures, new positions, major purchases, contracts, the Performance Improvement Plan and other major items of business. Monthly meetings consist of reports from the Executive Director, the Clinical Director, the Chief, Operations Officer, and other business as necessary.

The Board's Executive Committee meets monthly and conducts specified business as well as making recommendations to the full Board. The Board has a Personnel Committee, Finance Committee, and Housing Committee that meet as needed. These committees make reports to the Board of Directors. For example, The Personnel Committee meets annually to review the Board's personnel policies and procedures. They also receive input from a staff advisory committee. They consider all recommendations and then make recommendations to the Board of Directors for any changes to the Board's personnel policies and procedures. The Board has an annual meeting each year at which officers are elected. All Board meetings are open to the public.

The Authority's organizational structure was modified with the approval of the Board in October, 2010. The Authority's new organizational chart can be found in Appendix One of this document. The change in the organizational structure was to move from a vertical chain of command to a more horizontal structure. The new structure features a Chief Operations Officer, Director of Human Resources, Clinical Director, and Director of Residential Services. The Core Management Team consisting of the Chief Operations Officer, Clinical Director, Director of Human Resources, Director of Residential Services, Performance Improvement Director, and Montgomery County director report to the Executive Director on a bi-weekly basis and are responsible for the functional areas of the organization.

The Human Resource Director is responsible for personnel management, including credentialing, privileging, safety/security, and training of staff. The Clinical Director is responsible for the continuum of outpatient care, emergency and 24-hour care services, the outpatient county offices, and special contracts. The Chief Operations Officer is responsible for providing accurate financial information to the management team and works with the Executive Director in the development of the Board's annual budget. The Chief Operations Office manages all aspects of the organization's financial operations as well as the management of information system and acts as the Executive Director when he/she is not available. The Director of Residential Services is responsible for all residential homes, supportive apartments, non-institutional care, the Greil Project, and related day treatment programs. The Performance Improvement Director is responsible for the development of the Performance Improvement Plan, development of monitoring activities, conducting and coordinating special incident investigations and developing periodic reports concerning the performance improvement process.

Outpatient clinical services are organized and managed on a county delivery system. Each county served by the organization has a director, or director designee. A basic service delivery system including adult outpatient, adult case management, child and adolescent outpatient, child and adolescent case management and psychiatric and nursing support are available in each county. Residential services are managed by a program director and residential facilities are located across the entire service area. The Clinical Director supervises other clinical and administrative functions, such as clinical records management, and pharmacy services. MAMHA is constantly exploring ways to better serve the community. New programs such as the Crisis Evaluation and Support Team and the Montgomery Assessment Center located at Jackson Hospital were developed to address acute psychiatric care issues in Montgomery. These programs have been very successful in reducing the number of probate admissions to state hospitals.

Services that are more specialized are based in Montgomery, although they provide outreach services to all counties served by MAMHA. These services include the following: ACT Team services, Crisis Evaluation and Support Team services, Adult In-Home services, Child and Adolescent In-Home services, Indigent Drug Program services, crisis services, 24-hour Emergency Services and
PATH homeless case management services.

Residential services operate under the Director of Residential Services located in the Montgomery County Satellite Office at 101 Coliseum Blvd. Residential services provide a continuum of housing programs for seriously mentally ill individuals. These programs take referrals from MAMHA staff, state hospitals and other community service providers as long as the individuals referred meet admission criteria for the residential programs. Programs operated at various residential programs, such as day treatment or partial hospitalization programs, are supervised by the Residential Program Director.

Committee Structure

The Authority has a basic committee structure to support and enhance the management of the organization. Administrative committees include the Core Management Team, the Performance

Improvement Committee and Management Forum. Clinical Committees include the Program Directors Committee, the Quality Assurance Committee and Pharmacy and Therapeutics Committee. In addition, there are several meetings structured to promote the communication of information to staff. These meetings include the All Staff meeting and Program Director Staff meetings.

The Core Management Team (CMT) is composed of the Executive Director, Chief Operations Officer, Clinical Director, Human Resources Director, Director of Residential Services and Performance Improvement Director and other staff members as appointed by the Executive Director. The Management Team meets bi-weekly or as called by the Executive Director. The CMT advises and makes recommendations to the Executive Director concerning the operation of the organization.

The Performance Improvement Committee is composed of the Performance Improvement Director, Executive Director, Human Resources Director, Clinical Director, Chief Operations Officer, Director of Residential Services and up to three at large staff members appointed by the Executive Committee. The PI Committee meets monthly to review and discuss data and information collected through the performance improvement process. The Performance Improvement Director reports indicators and recommendations to the Board of Directors on a quarterly basis.

The Management Forum meets monthly and includes the members of the Executive Committee, Program Directors, and Program Coordinators. This is primarily an information dissemination meeting to keep management staff informed of issues related to the management and operation of the organization. Directors attending the Management Forum take the information discussed at this meeting to their program staff meetings for discussion.

The Clinical Director chairs the Program Director's meeting. The Clinical Director meets regularly with the Directors of all non-residential clinical programs to discuss pertinent clinical, administrative and program operation issues. The Quality Assurance Committee is chaired by the PI Director with a focus on the collection and analysis of data and information related to the quality of client records, forms, and related monitoring issues. The Pharmacy, Therapeutics and Nutrition meeting includes the Clinical Director and medical staff (psychiatrists and nurses) to review issues related to medication and other medical issues at the Authority. The Bed Reduction Committee meets in conjunction with Residential Services Programs to facilitate movement through MAMHA's residential care system. The All Staff meeting is chaired by the Executive Director and meets on the Wednesday after the Board meeting. All staff are invited to attend and a summary of the Board meetings is discussed with staff.

310 Board Planning

Act 310 was passed in 1967 to permit counties and municipalities to form regional not for profit public corporations to implement programs, construct and maintain facilities to combat all forms of mental or emotional illness. The Montgomery Area Mental Health Authority Board, Inc. is the recognized 310 Board for Montgomery, Autauga, Elmore and Lowndes counties for mental

illness and substance abuse services. As part of its responsibilities under Alabama Administrative Code, a 310 Board must provide to DMH a two-year plan of services specifying the type, quantity, and location of services provided for their designated population. The 310 Board must also provide to DMH a comprehensive needs assessment and available resources for their designated population within their geographical location.

310 Board Planning has been incorporated into the basic management and performance improvement process of the Montgomery Area Mental Health Authority. This process is monitored regularly through the Performance Improvement Committee with the Performance Improvement Director responsible for the daily tasks associated with the planning and monitoring activities.

In addition to the Committees previously discussed in this Plan, the Authority's planning process also includes the Professional Advisory Committee/Planning Council, which meets on a regular basis to discuss pertinent issues, concerns, and program development. The Professional Advisory Committee/Planning Council is composed of professionals, consumers, family members, and community representatives. This advisory group reports directly to the Executive Director.

Management staff also participates in numerous community groups to facilitate input into the planning process. Some of these community groups include the following: the Mental Health Association, the Community Wellness Coalition, the Mental Health Court Task Force, the County Children's Policy Council, the Alabama Council of Community Mental Health Boards, the Montgomery Weed and Seed Board, the Mid-Alabama Coalition for the Homeless, the Montgomery Juvenile Risk and Resource Evaluation Committee, other local task forces and the committees of the Alabama Department of Mental Health.

Demographic Information

MAMHA provides services to the citizens of the M-14 Service area. This area is known locally as the "River Region" because of the confluence of the Coosa and Tallapoosa Rivers near Montgomery to form the Alabama River. This river system has had a major impact in the development of the M-14 Service area. The River Region also comprises part of the area known as the Black Belt because of the rich black soil of the area. Population and demographic information for Montgomery, Lowndes, Elmore, and Autauga Counties can be found in Appendix Two.

Plan Development

In 2007, MAMHA began a community planning process in cooperation with DMH. At least every two years, MAMHA will host a Local Community Needs Assessment meeting for Mental Health services and Substance Abuse services. Local providers, consumers, family members, advocates and other interested parties will be invited to the Community Needs Assessment meeting.

A facilitator, from the community or DMH, will lead the Community Needs Assessment meeting. Sign-in sheets will be provided for Providers, Advocates, Consumers and Family Members and Others. Key stakeholders will be invited to the Local Community Needs Assessment meeting. Written notices will be mailed or emailed to the stakeholders and the meeting will be advertised in local newspapers. The sign-in sheet will document the attendance of stakeholders at the meeting. Stakeholders will participate by discussing current services, the pluses and minuses of existing services and the identification and prioritization of local needs. Individuals participating in the local needs activities can be selected to represent the group in regional planning meetings.

The Local Community Needs Assessment will identify needs for the following categories: case management, consumer, and family support, coordination with other agencies, emergency/acute/respite care, residential care, workforce issues, and other areas as needed. Local needs will be identified for mental illness and substance abuse services. The needs identified at the Montgomery area Planning Meeting hosted in 2009 are listed in Appendix Three.

The local needs will be sent to a Regional Planning Group comprised of representatives selected at the local level and including, at a minimum, the following: the Executive Directors of the local 310 Boards, a consumer representative from each local meeting, a family member from each local meeting, an advocate from each local meeting and other members as selected by the local planning groups. The Regional Planning Groups will be facilitated by staff appointed by the Office of Planning at DMH.

The purpose of the Regional Planning Group is to prioritize the needs from the local planning meetings and establish at least three goals for adults and three goals for children for each service area. For each goal, the planning group will establish strategies to implement the goals and address critical issues for the implementation of the goal. The goals, strategies, and critical issues identified by Region 3 can be found in Appendix Four. (not included)

The Regional goals and objectives will be sent to the respective Coordinating Sub-Committee of DMH for further review. The current DMH plan calls for the selection of regional representatives to attend the Coordinating Sub-Committees for input into the planning process.

Services and Supports by County

Autauga County:

The Authority operates an outpatient services clinic in Prattville. This office (Fountain Mental Health Center at 698 Commerce Court) offers adult outpatient, adult case management, child and adolescent outpatient, child and adolescent case management, medication support and psychiatric services. Specialized services such as the ACT Team, In-Home Team services, and Day Treatment Program services are available on a limited basis through the Main Center in Montgomery. There are two 16-bed residential homes relocated in Prattville. MAMHA operates an Intensive Day Treatment Program five days a week. There are also plans to change the Intensive Day Treatment Program to a Rehabilitative Day Program as soon as we can get it certified. The Rehab Day Program will better meet the needs of the consumers in the area. The Intensive Day Treatment Program will re-open in Montgomery at 312 Chisholm Street.

Needed Expansion: Develop a New Outpatient Office Owned by the Board
    Day Program Services
    Supported Housing
    Expand Children's Services
    Expand Access to Crisis/Acute/Respite Services
    Additional Outpatient Staff

Elmore County:

The Authority operates an outpatient services clinic in Wetumpka. This office (Hillside Mental Health Center at 8721 U.S. Highway 231) offers adult outpatient, adult case management, child and adolescent outpatient, child and adolescent case management, medication support, intensive day treatment and psychiatric services. Specialized services such as ACT Team, In-Home and other services are available on a limited basis through the Main Center in Montgomery. The Hillside Forensic Therapeutic Group Home provides residential services to nine individuals at this time.

Needed Expansion: Local Supportive Housing
    Expand Children's Services
    Expand Access to Crisis/Acute/Respite Services
    Additional Outpatient Staff
    Establish an In-Home Intervention Program

Lowndes County:

The Authority operates an outpatient services clinic in Hayneville. This office (the Lowndes County Satellite Office at 5 Academy Lane) offers adult outpatient, adult case management, child and adolescent outpatient, child and adolescent case management, medication support, intensive day treatment and psychiatric services. Specialized services such as ACT Team and In-Home services are available on a limited basis through the Main Center in Montgomery. The Board has opened a day program in Lowndes County as well as an 11-bed residential home. Lowndes County.

Needed Expansion: Expand Children's Services
    Expand Access to Crisis/Acute/Respite Services
    Additional Outpatient Staff
    Continue to Explore the Expansion of Substance Abuse Services
    Continue to Develop Cooperative Program with Community Care Network

Montgomery County:

The Authority offers a comprehensive array of outpatient services at the Main Office in Montgomery. This office, located at the R.D. Nesbitt, Sr. Building, 101 Coliseum Boulevard, offers basic adult services and specialized programs such as the Assertive Community Treatment (ACT) Team, PATH (homeless case management), Adult In-Home services and the Indigent Drug Program (IDP). Child and Adolescent services have been consolidated on the third floor of the Montgomery Outpatient Services building. In addition to the outpatient, case management and in-home services offered by the child and adolescent program, there is a comprehensive array of services offered contractually with the Montgomery County Department of Human Resources.

There is a comprehensive array of residential facilities and housing located in Montgomery. The residential continuum offered by the Authority includes the following: a Small Capacity (3-bed) Home, a basic Residential Care Home (Ryan Street Home/Friendship Hall) for 11 individuals, three Foster Homes (Betty Carter, Quarles #1, Quarles #2) for 20 individuals, a Crisis Residential Program with a capacity of 9 located on the campus of Greil Hospital, Friendship Lodge apartments for 12 individuals, HUD Scattered Site Supportive Apartments for 40 individuals, and HUD Supportive Housing for Dually Diagnosed individuals for 10 individuals.

To address the acute care needs of individuals in psychiatric crisis in the Montgomery Area, a Crisis Evaluation, and Support Team (CEST) was developed and integrated into Montgomery County Probate Court. An Assessment Center developed along the lines of a psychiatric emergency room is now open and operated through an agreement with Jackson Hospital.

Needed Expansion: Additional Supported Housing
Build New Acute Care Building with Assessment Center and CRU
Contract with Local Provider(s) for Inpatient Psychiatric Beds
Explore Access to Community Psychiatric Beds at Greil Hospital
Child and Adolescent Acute Care Beds

Goals and Objectives-Mental Illness Services

The goals and objectives noted below are the same as those noted in our most recent Performance Improvement Plan.

Goal I.   **Develop a comprehensive crisis/acute/respite service program for individuals In psychiatric crisis for the M-14 Catchment area.**

> *Strategy*
> *To explore the building of a modern Acute Care Facility with local partners for the delivery of Crisis Residential Unit (CRU) services and Psychiatric Assessment Center services.*

Strategy
Establish contracts with local psychiatric inpatient units to support the
Psychiatric Assessment Center and Crisis Residential Unit.

Strategy
Work with DMH to obtain access to and greater local control of the community psychiatric beds in Greif Hospital

Goal 2.   **Develop more independent and semi-independent living options for the M-14 Catchment area.**

Strategy
Explore the development of additional supportive housing options with DMH.

Strategy
Explore the development of MOM (Meals, Observation, and Medication) Model residential units for the Elks Chisholm location.

Strategy
Partner with NAMI and other local partners to create a recovery oriented housing campaign for the area.

Goal 3.   **Expand services to children and adolescents within the M-14 Catchment area.**

Strategy
Increase community based services to include but not limited to evidenced based practices for the local community.

Strategy
Develop co-location of services with local school systems and juvenile court systems of care.

Strategy
Develop linkages to other child serving agencies

Goal 4.   **Increase pay classifications for all staff to local and State market levels.**

Strategy
Work with other community providers to request increases for direct care pay rates and increases for established pay rates for residential services.

Strategy

Work with other community mental health providers to request appropriate cost of living increases from funding sources.

Strategy

Explore options to generate and obtain revenue for all services provided by direct care staff.

Strategy

Explore options for comprehensive business software package.

Strategy

Develop a comprehensive management of information plan that will support electronic medical record keeping.

Goal 5   **Improve the financial stability of the Authority.**

Strategy

Provide the Board with current and meaningful financial information.

Strategy

Explore options to purchase state of the art financial and clinical software.

Strategy

Promote training and expertise of finance office staff

Strategy

Obtain all revenues due to the Authority for services provided.

Strategy

Explore ways to provide services in the most cost effect manner.

Addendum to Montgomery Area Mental Health Authority

Strategic Plan

2011 – 2013

SUBSTANCE ABUSE SERVICES

While the Montgomery Area Mental Health Authority does not currently provide Substance Abuse services in its milieu of services, it continues to work with all Substance Abuse Treatment and Prevention providers within its catchement area to ensure Substance Abuse Treatment and Prevention are available throughout the area.

I August 2009, MAMHA, in conjunction with the Department of Mental Health hosted hosted a planning session at the First Baptist Church on Ripley Street. The attendance was lower than I had hoped for; however the discussion was good and issues were addressed as follows:

Goal 1: Increase access for Substance Abuse services throughout the region.

Discussion: It was noted that Montgomery County has both the Chemical Addictions Program that provides Residential services and Intensive Outpatient services for adults. The Chemical Addictions Program also provides Intensive Outpatient services for adolescents in Montgomery and Elmore counties at it location on Air Base Blvd in Montgomery and its location in Millbrook. The Lighthouse Counseling Center also provides Intensive Outpatient services for adults at their location on Southern Blvd in Montgomery. There are no substance abuse treatment services in Lowndes County or in Wetumpka for adults or adolescents.

Plan: The region needs to focus on having Substance Abuse treatment and Prevention in all counties and available to all areas of the counties. Montgomery Area Mental Health will pursue certification for a Dual Diagnosis program to serve adults in Montgomery County who suffer from Substance Abuse and Mental Illness.

Goal 2: Increase acute care beds in the region for children and adolescents suffering from substance abuse and/or mental illness.

Discussion: It was noted that there are no acute care beds for children or adolescents in the region. Acute care beds are located in Opelika, Dothan, Luverne, and Birmingham.

Plan: Work with Children's Policy council to procure acute care beds for children and adolescents within the region.
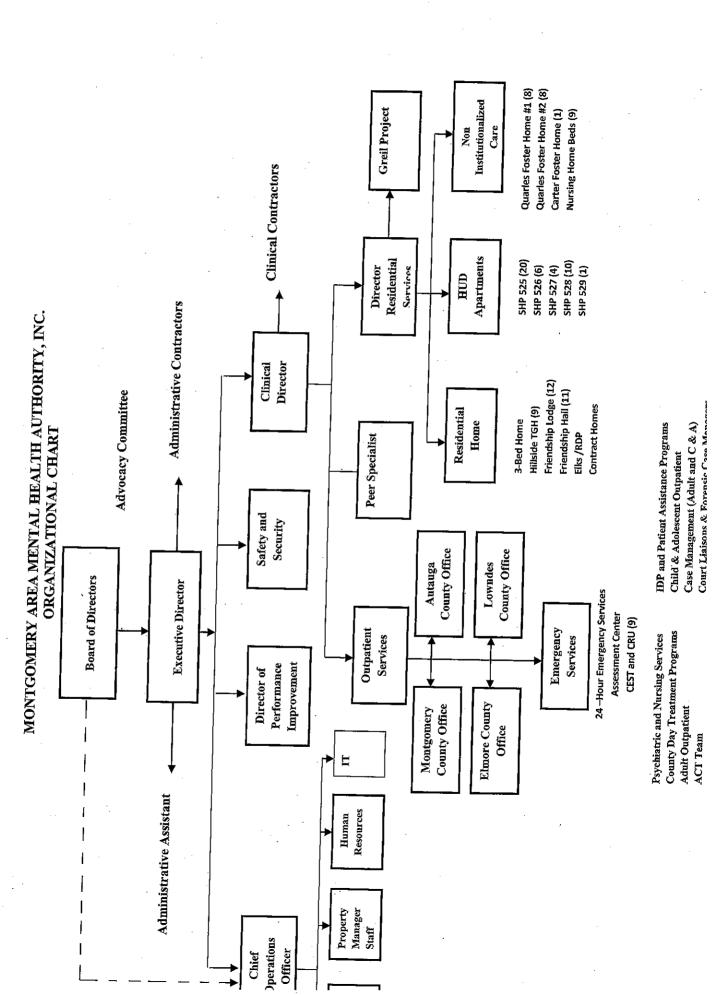
Other issues/Concerns within the region:

- There is a large number and variety of support groups except ones for adolescents and individuals with co-occurring disorders.

- Barriers to participation by families and consumers include the availability of childcare, language (i.e. deaf, Spanish), and stigma/fear.

- There are no detox beds available.
- The access to care is difficult for families to navigate through.
- There is limited capacity for males and nothing available for females & adolescents.
- Permanent supported housing is available as part of a residential continuum; however, the availability does not meet the demand.
- Capacity is restrained by budgets.
- Co-occurring services are fragmented at best, particularly as it applies to access to mental health services.
- Adolescents with substance additions do not have appropriate access to services such as step-down programs, education, and early identification because the services are not available.
- Case management services are inadequate to meet the demand.
- The area has a strong comprehensive system for prevention. Many promote family values, partner with local churches and schools, and offer the community a wide variety of programs.
- Planning efforts for prevention will include a more inclusive participant base.
- Federal regulations limit the interventions and activities that can be funded through the Block Grant revenue source.

- Shortage of psychiatrists affects services to those particularly with co-occurring disorders.
- Healthcare providers (especially doctors) sometime don't understand substance abuse issues.
- Recruitment/retention are huge concerns with competitive pay being an issue.

Appendix One

Montgomery Area Mental Health Authority
Organizational Chart

MONTGOMERY AREA MENTAL HEALTH AUTHORITY, INC. ORGANIZATIONAL CHART

Advocacy Committee

Administrative Contractors

Clinical Contractors

Administrative Assistant

- Board of Directors
- Executive Director
- Chief Operations Officer

- Property Manager Staff
- Human Resources
- IT

- Director of Performance Improvement
- Safety and Security
- Clinical Director

- Peer Specialist

- Outpatient Services
  - Montgomery County Office
  - Autauga County Office
  - Elmore County Office
  - Lowndes County Office
  - Emergency Services
    - 24–Hour Emergency Services
    - Assessment Center
    - CEST and CRU (9)

- Residential Home
  - 3-Bed Home
  - Hillside TGH (9)
  - Friendship Lodge (12)
  - Friendship Hall (11)
  - Elks /RDP
  - Contract Homes

- Director Residential Services
  - HUD Apartments
    - SHP 525 (20)
    - SHP 526 (6)
    - SHP 527 (4)
    - SHP 528 (10)
    - SHP 529 (1)

- Greil Project

- Non Institutionalized Care
  - Quarles Foster Home #1 (8)
  - Quarles Foster Home #2 (8)
  - Carter Foster Home (1)
  - Nursing Home Beds (9)

Psychiatric and Nursing Services
County Day Treatment Programs
Adult Outpatient
ACT Team

IDP and Patient Assistance Programs
Child & Adolescent Outpatient
Case Management (Adult and C & A)
Court Liaisons & Forensic Case Managers

Appendix Two

General Population and Demographic Information by County

(From the U.S. Census Bureau Quick Facts for State and County)

Population and Demographics

Alabama

Total Population	Population Under 18	Population Over 65	Males	Females	White	African American	Hispanic	Per Capita Income	Below Poverty Level
4,708,708	24%	13.8%	48.5%	51.5%	70.9%	26.3%	3.2%	$18,189	15.9%

Autauga

Total Population	Population Under 18	Population Over 65	Males	Females	White	African American	Hispanic	Per Capita Income	Below Poverty Level
50,756	27.8%	11.6%	48.6%	51.4%	79.4%	26.3%	2.2%	$18,518	10.7%

Elmore

Total Population	Population Under 18	Population Over 65	Males	Females	White	African American	Hispanic	Per Capita Income	Below Poverty Level
79,233	24.3%	12.1%	50.4%	49.6%	76.1%	21.8%	2%	%17,650	11.4%

Lowndes

Total Population	Population Under 18	Population Over 65	Males	Females	White	African American	Hispanic	Per Capita Income	Below Poverty Level
12,293	25.4%	14.1%	46.5%	53.5%	28.9%	70.1%	1%	$12,457	25.4%

Montgomery

Total Population	Population Under 18	Population Over 65	Males	Females	White	African American	Hispanic	Per Capita Income	Below Poverty Level
224,119	25%	12.2%	47.6%	52.4	42.9%	54.7	2.1%	$19,358	17.6%

Autauga County, Alabama

People QuickFacts	Autauga County	Alabama
Population, 2009 estimate	50,756	4,708,708
Population, percent change, April 1, 2000 to July 1, 2009	16.2%	5.9%
Population estimates base (April 1) 2000	43,671	4,447,382
Persons under 5 years old, percent, 2009	7.0%	6.7%
Persons under 18 years old, percent, 2009	27.8%	24.0%
Persons 65 years old and over, percent, 2009	11.6%	13.8%
Female persons, percent, 2009	51.4%	51.5%
White persons, percent, 2009 (a)	79.4%	70.9%
Black persons, percent, 2009 (a)	18.4%	26.3%
American Indian and Alaska Native persons, percent, 2009 (a)	0.5%	0.5%
Asian persons, percent, 2009 (a)	0.6%	1.0%
Native Hawaiian and Other Pacific Islander, percent, 2009 (a)	Z	Z
Persons reporting two or more races, percent, 2009	1.2%	1.1%
Persons of Hispanic or Latino origin, percent, 2009 (b)	2.2%	3.2%
White persons not Hispanic, percent, 2009	77.3%	68.0%
Living in same house in 1995 and 2000, pct 5 yrs old & over	55.1%	57.4%
Foreign born persons, percent, 2000	1.2%	2.0%
Language other than English spoken at home, pct age 5+, 2000	2.8%	3.9%
High school graduates, percent of persons age 25+, 2000	78.7%	75.3%
Bachelor's degree or higher, pct of persons age 25+, 2000	18.0%	19.0%
Persons with a disability, age 5+, 2000	8,581	945,705
Mean travel time to work (minutes), workers age 16+, 2000	26.5	24.8
Housing units, 2009	20,285	2,182,343
Homeownership rate, 2000	80.8%	72.5%
Housing units in multi-unit structures, percent, 2000	4.6%	15.3%
Median value of owner-occupied housing units, 2000	$94,800	$85,100
Households, 2000	16,003	1,737,080
Persons per household, 2000	2.71	2.49
Median household income, 2008	$51,622	$42,586
Per capita money income, 1999	$18,518	$18,189
Persons below poverty level, percent, 2008	10.7%	15.9%

Business QuickFacts	Autauga County	Alabama
Private nonfarm establishments, 2008	900	103,875[1]
Private nonfarm employment, 2008	10,790	1,714,692[1]
Private nonfarm employment, percent change 2000-2008	18.4%	3.7%[1]
Nonemployer establishments, 2008	3,247	311,388
Total number of firms, 2002	2,943	309,544
Black-owned firms, percent, 2002	F	9.3%

🖉	American Indian and Alaska Native owned firms, percent, 2002	S	0.9%
🖉	Asian-owned firms, percent, 2002	F	1.4%
🖉	Native Hawaiian and Other Pacific Islander owned firms, percent, 2002	F	0.0%
🖉	Hispanic-owned firms, percent, 2002	F	0.8%
🖉	Women-owned firms, percent, 2002	14.3%	26.4%
🖉	Manufacturers shipments, 2002 ($1000)	D	66,686,220
🖉	Wholesale trade sales, 2002 ($1000)	D	43,641,369
🖉	Retail sales, 2002 ($1000)	516,308	43,784,342
🖉	Retail sales per capita, 2002	$11,326	$9,771
🖉	Accommodation and foodservices sales, 2002 ($1000)	52,718	4,692,297
🖉	Building permits, 2009	110	13,266
🖉	Federal spending, 2008	282,466	47,965,756[1]

Geography QuickFacts	Autauga County	Alabama
🖉 Land area, 2000 (square miles)	595.97	50,744.00
🖉 Persons per square mile, 2000	73.3	87.6
🖉 FIPS Code	001	01
🖉 Metropolitan or Micropolitan Statistical Area	Montgomery, AL Metro Area	

1: Includes data not distributed by county.

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information
F: Fewer than 100 firms
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Z: Value greater than zero but less than half unit of measure shown

Elmore County, Alabama

People QuickFacts	Elmore County	Alabama
Population, 2009 estimate	79,233	4,708,708
Population, percent change, April 1, 2000 to July 1, 2009	20.3%	5.9%
Population estimates base (April 1) 2000	65,874	4,447,382
Persons under 5 years old, percent, 2009	6.7%	6.7%
Persons under 18 years old, percent, 2009	24.3%	24.0%
Persons 65 years old and over, percent, 2009	12.1%	13.8%
Female persons, percent, 2009	49.6%	51.5%
White persons, percent, 2009 (a)	76.1%	70.9%
Black persons, percent, 2009 (a)	21.8%	26.3%
American Indian and Alaska Native persons, percent, 2009 (a)	0.4%	0.5%
Asian persons, percent, 2009 (a)	0.5%	1.0%
Native Hawaiian and Other Pacific Islander, percent, 2009 (a)	Z	Z
Persons reporting two or more races, percent, 2009	1.2%	1.1%
Persons of Hispanic or Latino origin, percent, 2009 (b)	2.0%	3.2%
White persons not Hispanic, percent, 2009	74.4%	68.0%
Living in same house in 1995 and 2000, pct 5 yrs old & over	53.3%	57.4%
Foreign born persons, percent, 2000	1.1%	2.0%
Language other than English spoken at home, pct age 5+, 2000	3.1%	3.9%
High school graduates, percent of persons age 25+, 2000	77.6%	75.3%
Bachelor's degree or higher, pct of persons age 25+, 2000	16.6%	19.0%
Persons with a disability, age 5+, 2000	11,798	945,705
Mean travel time to work (minutes), workers age 16+, 2000	28.7	24.8
Housing units, 2009	29,238	2,182,343
Homeownership rate, 2000	81.3%	72.5%
Housing units in multi-unit structures, percent, 2000	5.6%	15.3%
Median value of owner-occupied housing units, 2000	$98,000	$85,100
Households, 2000	22,737	1,737,080
Persons per household, 2000	2.66	2.49
Median household income, 2008	$53,296	$42,586
Per capita money income, 1999	$17,650	$18,189
Persons below poverty level, percent, 2008	11.4%	15.9%
Business QuickFacts	Elmore County	Alabama
Private nonfarm establishments, 2008	1,217	103,875[1]
Private nonfarm employment, 2008	14,621	1,714,692[1]
Private nonfarm employment, percent change 2000-2008	56.0%	3.7%[1]
Nonemployer establishments, 2008	5,054	311,388
Total number of firms, 2002	4,492	309,544
Black-owned firms, percent, 2002	S	9.3%
American Indian and Alaska Native owned firms, percent, 2002	F	0.9%

Asian-owned firms, percent, 2002	F	1.4%
Native Hawaiian and Other Pacific Islander owned firms, percent, 2002	F	0.0%
Hispanic-owned firms, percent, 2002	F	0.8%
Women-owned firms, percent, 2002	27.4%	26.4%
Manufacturers shipments, 2002 ($1000)	568,344	66,686,220
Wholesale trade sales, 2002 ($1000)	D	43,641,369
Retail sales, 2002 ($1000)	378,429	43,784,342
Retail sales per capita, 2002	$5,479	$9,771
Accommodation and foodservices sales, 2002 ($1000)	31,707	4,692,297
Building permits, 2009	118	13,266
Federal spending, 2008	435,001	47,965,756[1]
Geography QuickFacts	**Elmore County**	**Alabama**
Land area, 2000 (square miles)	621.26	50,744.00
Persons per square mile, 2000	106.1	87.6
FIPS Code	051	01
Metropolitan or Micropolitan Statistical Area	Montgomery, AL Metro Area	

Lowndes County, Alabama

People QuickFacts	Lowndes County	Alabama
Population, 2009 estimate	12,293	4,708,708
Population, percent change, April 1, 2000 to July 1, 2009	-8.7%	5.9%
Population estimates base (April 1) 2000	13,468	4,447,382
Persons under 5 years old, percent, 2009	6.9%	6.7%
Persons under 18 years old, percent, 2009	25.4%	24.0%
Persons 65 years old and over, percent, 2009	14.1%	13.8%
Female persons, percent, 2009	53.5%	51.5%
White persons, percent, 2009 (a)	28.9%	70.9%
Black persons, percent, 2009 (a)	70.1%	26.3%
American Indian and Alaska Native persons, percent, 2009 (a)	0.1%	0.5%
Asian persons, percent, 2009 (a)	0.1%	1.0%
Native Hawaiian and Other Pacific Islander, percent, 2009 (a)	Z	Z
Persons reporting two or more races, percent, 2009	0.7%	1.1%
Persons of Hispanic or Latino origin, percent, 2009 (b)	1.0%	3.2%
White persons not Hispanic, percent, 2009	28.5%	68.0%
Living in same house in 1995 and 2000, pct 5 yrs old & over	75.7%	57.4%
Foreign born persons, percent, 2000	0.3%	2.0%
Language other than English spoken at home, pct age 5+, 2000	1.7%	3.9%
High school graduates, percent of persons age 25+, 2000	64.3%	75.3%
Bachelor's degree or higher, pct of persons age 25+, 2000	11.0%	19.0%
Persons with a disability, age 5+, 2000	3,945	945,705
Mean travel time to work (minutes), workers age 16+, 2000	36.3	24.8
Housing units, 2009	5,923	2,182,343
Homeownership rate, 2000	83.3%	72.5%
Housing units in multi-unit structures, percent, 2000	5.4%	15.3%
Median value of owner-occupied housing units, 2000	$55,500	$85,100
Households, 2000	4,909	1,737,080
Persons per household, 2000	2.73	2.49
Median household income, 2008	$30,225	$42,586
Per capita money income, 1999	$12,457	$18,189
Persons below poverty level, percent, 2008	25.4%	15.9%
Business QuickFacts	Lowndes County	Alabama
Private nonfarm establishments, 2008	133	103,875[1]
Private nonfarm employment, 2008	2,747	1,714,692[1]
Private nonfarm employment, percent change 2000-2008	27.7%	3.7%[1]
Nonemployer establishments, 2008	850	311,388
Total number of firms, 2002	617	309,544

Black-owned firms, percent, 2002	24.6%	9.3%
American Indian and Alaska Native owned firms, percent, 2002	F	0.9%
Asian-owned firms, percent, 2002	F	1.4%
Native Hawaiian and Other Pacific Islander owned firms, percent, 2002	F	0.0%
Hispanic-owned firms, percent, 2002	F	0.8%
Women-owned firms, percent, 2002	S	26.4%
Manufacturers shipments, 2002 ($1000)	D	66,686,220
Wholesale trade sales, 2002 ($1000)	120,799	43,641,369
Retail sales, 2002 ($1000)	47,486	43,784,342
Retail sales per capita, 2002	$3,513	$9,771
Accommodation and foodservices sales, 2002 ($1000)	65	4,692,297
Building permits, 2009	2	13,266
Federal spending, 2008	92,565	47,965,756[1]

Geography QuickFacts	Lowndes County	Alabama
Land area, 2000 (square miles)	717.94	50,744.00
Persons per square mile, 2000	18.8	87.6
FIPS Code	085	01
Metropolitan or Micropolitan Statistical Area	Montgomery, AL Metro Area	

1: Includes data not distributed by county.

(a) Includes persons reporting only one race.
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D: Suppressed to avoid disclosure of confidential information
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Montgomery County, Alabama

People QuickFacts	Montgomery County	Alabama
Population, 2009 estimate	224,119	4,708,708
Population, percent change, April 1, 2000 to July 1, 2009	0.3%	5.9%
Population estimates base (April 1) 2000	223,509	4,447,382
Persons under 5 years old, percent, 2009	7.3%	6.7%
Persons under 18 years old, percent, 2009	25.0%	24.0%
Persons 65 years old and over, percent, 2009	12.2%	13.8%
Female persons, percent, 2009	52.4%	51.5%
White persons, percent, 2009 (a)	42.9%	70.9%
Black persons, percent, 2009 (a)	54.3%	26.3%
American Indian and Alaska Native persons, percent, 2009 (a)	0.3%	0.5%
Asian persons, percent, 2009 (a)	1.4%	1.0%
Native Hawaiian and Other Pacific Islander, percent, 2009 (a)	Z	Z
Persons reporting two or more races, percent, 2009	1.0%	1.1%
Persons of Hispanic or Latino origin, percent, 2009 (b)	2.1%	3.2%
White persons not Hispanic, percent, 2009	41.2%	68.0%
Living in same house in 1995 and 2000, pct 5 yrs old & over	51.9%	57.4%
Foreign born persons, percent, 2000	2.0%	2.0%
Language other than English spoken at home, pct age 5+, 2000	4.0%	3.9%
High school graduates, percent of persons age 25+, 2000	80.3%	75.3%
Bachelor's degree or higher, pct of persons age 25+, 2000	28.5%	19.0%
Persons with a disability, age 5+, 2000	43,243	945,705
Mean travel time to work (minutes), workers age 16+, 2000	20.2	24.8
Housing units, 2009	103,543	2,182,343
Homeownership rate, 2000	64.1%	72.5%
Housing units in multi-unit structures, percent, 2000	23.6%	15.3%
Median value of owner-occupied housing units, 2000	$87,700	$85,100
Households, 2000	86,068	1,737,080
Persons per household, 2000	2.46	2.49
Median household income, 2008	$43,297	$42,586
Per capita money income, 1999	$19,358	$18,189
Persons below poverty level, percent, 2008	17.6%	15.9%

Business QuickFacts	Montgomery County	Alabama
Private nonfarm establishments, 2008	5,947	103,875[1]
Private nonfarm employment, 2008	112,806	1,714,692[1]
Private nonfarm employment, percent change 2000-2008	-2.2%	3.7%[1]
Nonemployer establishments, 2008	17,925	311,388

⊕ Total number of firms, 2002	16,937	309,544
⊕ Black-owned firms, percent, 2002	25.1%	9.3%
⊕ American Indian and Alaska Native owned firms, percent, 2002	F	0.9%
⊕ Asian-owned firms, percent, 2002	1.7%	1.4%
⊕ Native Hawaiian and Other Pacific Islander owned firms, percent, 2002	F	0.0%
⊕ Hispanic-owned firms, percent, 2002	0.6%	0.8%
⊕ Women-owned firms, percent, 2002	26.3%	26.4%
⊕ Manufacturers shipments, 2002 ($1000)	2,455,603	66,686,220
⊕ Wholesale trade sales, 2002 ($1000)	3,472,457	43,641,369
⊕ Retail sales, 2002 ($1000)	2,595,660	43,784,342
⊕ Retail sales per capita, 2002	$11,637	$9,771
⊕ Accommodation and foodservices sales, 2002 ($1000)	327,952	4,692,297
⊕ Building permits, 2009	237	13,266
⊕ Federal spending, 2008	3,414,132	47,965,756[1]

Geography QuickFacts	Montgomery County	Alabama
⊕ Land area, 2000 (square miles)	789.76	50,744.00
⊕ Persons per square mile, 2000	282.9	87.6
⊕ FIPS Code	101	01
⊕ Metropolitan or Micropolitan Statistical Area	Montgomery, AL Metro Area	

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Appendix Three

Local Needs Summary

Montgomery Mental Health Authority
Local Needs Assessment Issues
08/2009

1. Family and Consumer Support Groups
   - Families do not have access to support groups because of the lack of information concerning availability of resources. (Adults and Children/Adolescents)
   - Stigma remains a barrier to individuals and families seeking support that might be addressed through more and broader public awareness campaigns. (Adults and Children/Adolescents).
   - The need for increased support for Autism.
   - Increased respite services for children and adolescents.
   - Increased support to college students for mental health issues.
   - Traumatic Brain Injury support/treatment.

   Other issues discussed were as follows:
   - o The excellent information that NAMI provides to families
   - o The use of 211 Connects as a resource directory for mental health services as well as other health and human services
   - o The barrier of transportation that prevents families and consumers from attending support groups.

2. The Commitment Process
   - The Community Mental Health Officer concept would be effective if there were appropriate capacity for immediate assessments and diversion. Funding for this position is the major issue.
   - Additional training for law enforcement personnel would benefit the service delivery system.

   Other issues discussed were as follows:
   - o The benefit of Community Intervention Team training
   - o The value of the Court Evaluation and Support Program

3. Emergency and Acute Care
   - The need for acute inpatient bed capacity exists for children/adolescents.
   - The need to Integrate Primary Care Services and Mental Health services
   - Integrating the needs of returning Armed Forces personnel with mental health services.
   - The need for **ONE** phone number that can refer/make appointments to medical and mental health services.

4. Residential Care
   - There are no beds specifically for children/adolescents.
   - Local planning efforts should include building the capacity to meet the demand locally-not regionally. To that end, it was noted that there are locally no specialized beds, MI/SA beds, and limited nursing home beds.

5. Support Services

- Outpatient – The wait time is too long and intake is cumbersome. Services need to be more personal (Adults and Children/Adolescents).
- Intensive outpatient – There is a need for more capacity for in-home interventions · to include ACT teams.
- Case management – The caseload for case managers is too high.
- Housing – Montgomery ranks near the top of number of supported housing units as well as consumer satisfaction regarding supported housing. This work should continue.
- Transportation – There is a need for additional on-demand as well as scheduled transportation for consumers.

Other issues discussed were as follows:

- o The need for prevention services for individuals who do not have acute needs
- o Better use of resources
- o Support needed after hospitalization for children/adolescents
- o Access to services for consumers in private hospitals without having to go first to a state-operated facility.
- o The coordination of transportation efforts with other agencies as well as the United We Ride effort
- o Transitional Services for those transitioning from adolescence to adulthood.

6. Staffing

- The lack of psychiatrists including child and adolescent psychiatrists is a barrier to adequate service provision.
- Pediatricians need assistance in triage of children/adolescents with mental health issues.
- Psychiatrists can be "home grown" by increasing the number of residency slots.

Other issues discussed were as follows:

- o The need to address the global issue of healthcare manpower shortages
- o The professionalism of staff was commended.
- o Incentives to retain staff
- o Funding of the above

7. Technology

- Telemedicine should be utilized more as treatment options.
- Electronic health records will enable consumers to receive better healthcare services.

Substance Abuse Services Issues

Family and Consumer Support Groups

- There is a large number and variety of support groups except ones for adolescents and individuals with co-occurring disorders.
- Barriers to participation by families and consumers include the availability of childcare, language (i.e. deaf, Spanish), and stigma/fear.

Emergency and Acute Care

- There are no detox beds available.
- The emergency room services for females and adolescents are extremely limited to none.
- Since there are no emergency services available for adolescents and females, those persons must seek services out-of-town where the wait time is lengthy.

Residential Care

- The access to care is difficult for families to navigate.
- There is limited capacity for males and nothing available for females and adolescents.
- Permanent supported housing is available as part of a residential continuum; however, the availability does not meet the demand.
- Certification standards or lack thereof could pose barriers to developing appropriate and needed residential care.
- Beds may be available to individuals who have the capacity to pay for the services.

Medication-Assisted Therapies

- No issues identified as critical.

Outpatient Programs/Services

- The area has at least two (2) nationally recognized models (New Beginnings, Reduction of Chronic homelessness).
- The limited capacity of these programs as well as those proven to be effective (evidence-based practices) restrict an individuals' ability to access.
- Capacity is restrained by budgets.
- Co-occurring services are fragmented at best, particularly as it applies to access to mental health services.
- Adolescents with substance additions do not have appropriate access to services such as step-down programs, education, and early identification because the services are not available.

- Issues surrounding pain management and other complicating health problems are seldom addressed in outpatient programs.
- Case management services are inadequate to meet the demand.

Prevention

- Prevention activities have been proven successful but are not funded equitably.
- The area has a strong comprehensive system for prevention. Many promote family values, collaborate with local churches and schools, and offer the community a wide variety of programs.
- Planning efforts for prevention will include a more inclusive participant base.
- Federal regulations limit the interventions and activities that can be funded through the Block Grant revenue source.
- Other revenue sources could offer an expanded array of activities.
- There is a huge demand for prevention services in this area with a limited ability to meet those demands.

Workforce

1) Issues Relative to Service Provision
   - Shortage of psychiatrists affects services to those particularly with co-occurring disorders.
   - Healthcare providers (especially doctors) sometimes do not understand substance abuse issues.
   - Recruitment/retention are huge concerns with competitive pay being an issue.
2) Issues Relative to Consumers
   - Consumers have limited employment opportunities.
   - Consumers have limited access to vocational training.

Other

- 70% of individuals in prisons have a substance abuse issue.
- In order to build public and legislative support, independent evaluations should be a funded component of every program.
- Individuals with substance abuse have problems accessing services such as housing and employment.
- Stigma and/or fear prevent families and consumers from seeking treatment.

Henry E. Parker	3/24/2011	Barbara Kornegay	3/24/2011
Henry E. Parker	Date	Barbara Kornegay	Date
Executive Director		Board President	

Vilamaa, Michelle

From: Henry Parker [hparker@mamha.org]

Sent: Monday, March 28, 2011 6:55 PM

To: Vilamaa, Michelle

Subject: Re: MAMHA Plan

2010 - 20012

Henry Parker
Sent via DROID on Verizon Wireless

-----Original message-----

From: "Vilamaa, Michelle" <Michelle.Vilamaa@mh.alabama.gov>
To: Henry Parker <hparker@mamha.org>
Cc: Shirley Carr <scarr@mamha.org>
Sent: Mon, Mar 28, 2011 20:16:23 GMT+00:00
Subject: MAMHA Plan

Thank you so much for your recent submission of Montgomery Area Mental Health Authority planning document. I am currently reviewing it for the required components of the document and sending it to the divisions for final review. I have a question before I forward the document through the process. A simple email response is sufficient.

- What time period does the submitted planning document cover? FY X – X

Thank you so much!

Michelle Vilamaa
Department of Mental Health
Office of Policy and Planning
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Montgomery, AL 36130-1410
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FAX 334-242-0684
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3/29/2011